

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

3891

-62-016668

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 25 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in lb
30 yrs.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Jewish HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
4660 St. FerdinandReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
FRANK

Middle

Last
CHESSE4. DATE
OF
DEATH

Month

4

Day

11

Year

62

5. SEX

M

6. COLOR OR RACE

N

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-25-1906 55yrs.

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Press Operator10b. KIND OF BUSINESS OR INDUSTRY
Malleable Castings11. BIRTHPLACE (City and state or country)
Kosciusko, Miss12. CITIZEN OF WHAT COUNTRY
USA.

13a. FATHER'S NAME

Robert Chesser

13b. MOTHER'S MAIDEN NAME

Hattie Phillips

14. NAME OF HUSBAND OR WIFE

Alice Chesser

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Alice Chesser, 4660 St. Ferdinand

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UREMIA

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

RENAL INSUFFICIENCY

DUE TO (c)

CHRONIC PYELONEPHRITIS, BIL.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

6000

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-24-62

to

4-11-62

and last saw him alive on

4/11/62

Death occurred at

6:35 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert Chesser, M.D.

22b. ADDRESS

216 S. Kniss Highway

22c. DATE SIGNED

4-12-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4-17-1962

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

W. J. Baker & Son, 3201 N. Newstead

25. DATE RECD. BY LOCAL REG.

APR 14 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

VS 300
Rev. 4/59

1

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64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5072

P. O. Address 4535 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.